

Date: Monday, 11/21/2005 12:40:37 PM  
 User: Linda Lacelle

## Process Sheet

Customer	: CU-DAR001 Dart Helicopters Services		Drawing Name	: BEARING		
Job Number	: 24769		Part Number	: D2611		
Estimate Number	: 10807		Drawing Number	: D2611 REV B		
P.O. Number	: N/A		Project Number	: P/A		
This Issue	: 11/21/2005	S.O. No. : N/A	Drawing Revision	: B		
Prsht Rev.	: NC		Material	: N/A		
First Issue	: N/A		Due Date	: 11/30/2005		Qty: 50 Um: Each
Previous Run	: N/A		Comment	: Est Rev:B 99.06.23 Re-format DM		
Written By	: <u>See above dated user</u>		Comment			
Checked & Approved By	: <u>See above comment below</u>		Comment			
Comment	: Est Rev:B 99.06.23 Re-format DM					

## Additional Product

Job Number:



Seq. #:	Machine Or Operation:	Description :
1.0	PG	PURCHASING  <b>Comment:</b> PURCHASING Issue P/O: <u>141</u> Purchase part as per Dwg D2611 Possible supplier: Alinabal, P/N: CBA-6-B2 Material release note required
2.0	D2611	Bearing  <b>Comment:</b> Qty.: 1.0000 Each(s)/Unit Total : 50.0000 Each(s) Bearing
3.0	PACKAGING 1	PACKAGING RESOURCE #1  <b>Comment:</b> PACKAGING RESOURCE #1 Receive & Inspect For Transit Damage Ensure certificate of conformity is attached
4.0	QC6	DIMENSIONAL CHECK  <b>Comment:</b> DIMENSIONAL CHECK
5.0	PACKAGING 1	PACKAGING RESOURCE #1  <b>Comment:</b> PACKAGING RESOURCE #1 Identify and Stock Location: <u>98</u>

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes Yes No No DQA: OK Date: 05/12/14  
 QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: BEARING

Job Number: 24769

Part Number: D2611

Job Number:



Seq. #: Machine Or Operation:

Description :

6.0 DC

DOCUMENT CONTROL



Comment: DOCUMENT CONTROL

Inspection Level 21

50K-05/12/14 (50)

50K-05/12/14

Job Completion



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_  
 QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

0000000000

Job Costing Report

Dart Aerospace Ltd.  
Hawkesbury

Nov 17, 2005  
03:30 pm

Work Order No : 0024769  
Project Name : D2611  
Project For : WK548  
Work Order Type : Main  
Main WO Number :  
House Part Number : D2611  
Description : Bearing  
Manufactured : Yes  
Amount Req'd : 50  
Amount Done : 0  
Start Date : 11-17-05  
Est Finish Date : 11-30-05  
Act Finish Date :  
Drawings Reqd : No  
Ok for Approval :  
Approval Rec'd :  
Department Code:  
Burden Flags : NNNNNNN  
WO Status : Open  
Invoice State : Not Invoiced  
Invoice Date :  
Invoice Number :  
Invoice Amount : 0.00  
Order Entry No :  
OE Value : 0.00  
Est Margin : 0.000%  
Actual Margin : 0.000%  
\$0 Posted to Finished Goods

	Estimated	Actual	Var. %	Posted	To Post
Material Cost :	0.00	0.00	0.00	0.00	0.00
Engineering Hours :	0.00	0.00	0.00		
Engineering Cost :	0.00	0.00	0.00	0.00	0.00
Production Hours :	0.00	0.00	0.00		
Production Cost :	0.00	0.00	0.00	0.00	0.00
Packaging Hours :	0.00	0.00	0.00		
Packaging Cost :	0.00	0.00	0.00	0.00	0.00
OverHead Hours :	0.00	0.00	0.00		
OverHead Cost :	0.00	0.00	0.00	0.00	0.00
CNC Hours :	0.00	0.00	0.00		
CNC :	0.00	0.00	0.00	0.00	0.00
Misc. Hours :	0.00	0.00	0.00		
Misc. :	0.00	0.00	0.00	0.00	0.00
Burden :	0.00	0.00	0.00		
Total Cost :	0.00	0.00	0.00		
Margin :	0.000	0.000			
Selling Cost :	0.00	0.00			

	Estimated	Actual
Labour Hrs/Amount Done :	0.00	0.00
Profits/(Loss)	0.00	0.00



28 Woodmont Road  
Milford, Connecticut 06460  
(203) 877-3241 • Fax (203) 874-5063  
[www.alinabal.com](http://www.alinabal.com)

## **CERTIFICATE OF COMPLIANCE**

Attention: Quality Control Manager

Alinabal Part Number: CBA 6 B2

Customer Part Number: D2611

Customer P.O. Number: D009370

We certify that all parts manufactured or supplied by this company on subject purchase order are of a good commercial quality and in accordance with applicable purchase order, drawings and specifications.

QUAOE-15 Issue 3 (07/98)

### Form: rprocess



1. Vendor (Name and Address) Allnabal, Inc. 28 Woodmont Rd. Milford CT 06460		2. Date of Direct Shipment to Canada 12/5/05	
4. Consignee (Name and Address) DART AERO SPACE 1270 ABERDEEN STREET HAWKESBURY ONTARIO K6A 1K7 CANADA		3. Other References (Include Purchaser's Order no.) PO#P000000141	
6. Country of Transhipment N/A		7. Country of Origin of Goods USA	
8. Transportation: Give Mode and Place of Direct Shipment to Canada  FEDEX GROUND MILFORD CT		9. Conditions of Sale and Terms of Payment (ie Sale, Consignment Shipment, Leased Goods, etc.)  NET 30	
10. Currency of Settlement USD		11. Description of Goods (Kind or Packages) Marks and Numbers, General Description and Characteristics, i.e. Grade, Quality	
12. Specification of Commodities (Kind of Packages) PKGS		13. Quantity (State Unit)	
D 8485.90.90.00 Pt#CBA 6 B2, CUST P/N D2611, ROD ENDS		14. Country of Origin Origin	
1 CARTON  <i>10/5/05</i>		15. Unit Price Selling Price	
16. Total Weight Net 2.5#		17. Invoice Total \$236.50	
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box: <input type="checkbox"/>		19. Exporter's Name and Address (If other than Vendor) N.B. CHASE ALINABAL, INC. 28 WOODMONT RD. MILFORD CT 06460	
20. Originator (Name and Address)		21. Departmental Ruling (If applicable) 22. If fields 23 to 25 are not applicable, check this box: <input checked="" type="checkbox"/>	
23. If included in field 17, indicate amount:  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada \$ _____  (ii) Costs for construction, erection and assembly incurred after importation into Canada. \$ _____  (iii) Export packing \$ _____		24. If not included in field 17 indicate amount:  (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada \$ _____  (ii) Amounts for commissions other than buying commissions \$ _____  (iii) Export packing \$ _____	
		25. Check (If applicable):  (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser. <input type="checkbox"/>  (ii) The purchaser has supplied goods or services for use in the production of these goods. <input type="checkbox"/>	



# PACKING SLIP

From Warehouse: MAIN

Page: 1

Packing Slip: 75445

From:

ALINABAL  
28 WOODMONT ROAD  
MILFORD CT 06460  
USA  
MTD SALES  
(203) 877-3241

Bill To: D009370

Ship To: (1)

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY ONT K6A 1K7  
CANADA

DART AERO SPACE  
1270 ABERDEEN STREET  
HAWKESBURY ONT K6A 1K7  
CANADA

Order Contact:

Pack Date	Order#	Cust PO	Ship Via	Weight	Pkgs #
12/05/05	M036479	PO00000141	FEDEX GROUND	0.00	0
Line/Rel	Item		U/M	Qty Shipped	
1	30212000 CBA 6 B2		EA	50.000	

C/I: D2611  
CUST PN D2611

